LOCAL BANKRUPTCY FORM NO. 5 IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

IN RE)	
Lisa M. Kusan, <i>Debtor</i>)))	Case No. 16-22718 JAD Chapter 7 Docket No.
Lisa M. Kusan, <i>Movant</i>)))	
Vs.)	
No Respondents)	
A	AMENDMENT COVI	ER SHEET
Amendment(s) to the follow transmitted herewith:	ving petition, list(s), sch	nedule(s), or statement(s) are
Schedule J to reflect the fac	e that her income is low nd also that she has diff	Debtor is amending Schedule I and ver than it was at the time of the filing erent expenses each month now that ce.
Summary of S Schedule A — Schedule B — Schedule C — Schedule D — C Check Schedule E —	Form 6 Schedules (Item Schedules Real Property Personal Property Property Claimed as Extreditors holding Secur k one: Creditor(s) added NO creditor(s) added Creditor(s) deleted Creditors Holding Unsk one: Creditor(s) added	ed Claims} secured Priority Claims
Sahadula E (NO creditor(s) added Creditor(s) deleted	
Chec	k one: Creditor(s) added NO creditor(s) added	cured Nonpriority Claims

	Creditor(s) deleted	
Sched	lule G - Executory Contracts and Contracts are supported by the contract of	and Unexpired Leases
	Check one:	-
	Creditor(s) added	
	NO creditor(s) added	1
	Creditor(s) deleted	
Sched	ule H – Codebtors	
X Sched	ule I - Current Income of Indi	vidual Debtor(s)
X Sched	ule J- Current Expenditures	of Individual Debtor(s)
Staten	nent of Financial Affairs	
Chapte	er 7 Individual Debtor's Stater	nent of Intention
Chapte	er 11 List of Equity Security H	Iolders
Chapte	er 11 List of Creditors Holding	g 20 Largest Unsecured Claims
Disclo	sure of Compensation of Atto	rney for Debtor
Other:		
Pursuant to Fed.R.Ba filing of the amendment	` /	e 1009-1, I certify that notice of the n given this date to the U.S. Trustee,
Date: June 21, 2019)	/s/ Kenneth Steidl
		Kenneth Steidl, Esquire
		Attorney for the Debtor
		STEIDL & STEINBERG
		Suite 2830 – Gulf Tower
		707 Grant Street
		Pittsburgh, PA 15219
		(412) 391-8000
		PA I.D. No. 34965

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Fill	in this information to identify your c	ase:								
Del	otor 1 Lisa M. Kus	an								
	otor 2 uuse, if filing)				_					
Uni	ted States Bankruptcy Court for the	E WESTERN DISTRIC	Γ OF PENNSYLVANI	A						
Cas	se number 16-22718					Che	ck if this is:	• •		
(If kr	nown)		=				An amende	ed filing		
							A suppleme	ent showir	ng postpetition following date:	
0	fficial Form 106l					Ī	MM / DD/ Y	YYYY		
S	chedule I: Your Inc	ome					, 22, .			12/15
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not inclu	de infor	mati	on abou	t your spo	ouse. If m	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-f	filing spouse	
	If you have more than one job,	Employment status*	■ Employed				☐ Empl	oyed		
	attach a separate page with information about additional employers.	Employment status*	☐ Not employed				☐ Not e	mployed		
	. ,	Occupation	Medical Assista	int						
	Include part-time, seasonal, or self-employed work.	Employer's name	Allegheny Clinic	C						
	Occupation may include student or homemaker, if it applies.	Employer's address	320 East North A)					
		How long employed t			t for	Additio	nal Emplo	yment In	formation	
Pai	Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any	line, writ	e \$0 in the	space. In	nclude your no	n-filing
	u or your non-filing spouse have mees space, attach a separate sheet to		ombine the information	n for all e	empl	oyers for	that perso	on on the I	lines below. If	you need
						For De	btor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3	3,160.99	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	3,1	60.99	\$	N/A	

Official Form 106l Schedule I: Your Income page 1

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Deb	tor 1	Lisa M. Kusan		(Case number (if known)	16-227	18		
	Con	y line 4 here	4.		For Debtor 1 \$ 3,160.99	For Denon-fi		2 or pouse N/A	
5.		all payroll deductions:				·			_
σ.	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 798.09	Ф		N/A	
	5a. 5b.	Mandatory contributions for retirement plans	5b		\$ 798.09 \$ 0.00	\$ \$		N/A	=
	5c.	Voluntary contributions for retirement plans	50		\$ 43.33	\$		N/A	-
	5d.	Required repayments of retirement fund loans	50		\$ 0.00	\$		N/A	-
	5e.	Insurance	5e		\$ 118.63	\$		N/A	-
	5f.	Domestic support obligations	5f.		\$ 0.00	\$		N/A	_
	5g.	Union dues	50	J.	\$ 0.00	\$		N/A	-
	5h.	Other deductions. Specify: Parking	5h	1.+	\$ 92.08	+ \$		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 1,052.13	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$2,108.86	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends	8a 8b		\$ 0.00 \$ 0.00	\$		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce				Ф.		N1/A	-
	0.1	settlement, and property settlement.	80		\$ 0.00	\$		N/A	_
	8d. 8e.	Unemployment compensation Social Security	8d 8e		\$ 0.00 \$ 0.00	\$		N/A N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$ 0.00	\$ \$		N/A	-
	8g.	Pension or retirement income	80	J.	\$0.00	\$		N/A	_
	8h.	Other monthly income. Specify: Part-Time Job at Giant Eagle	8h	1.+	\$400.00	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	\$400.00	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,508.86 + \$		N/A	= \$	2,508.86
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	2,508.86		IN/A	- Ψ -	2,506.66
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedu</i> ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ur depe			•	nedule 11.		0.00
12.	Add Writ	the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certies	esult is tain Lia	the bilit	e combined monthly in ties and Related Data	ncome. a, if it	12.	\$	2,508.86
13.	Do	ou expect an increase or decrease within the year after you file this for	m?				L	Combine month!	ned y income
		No.							

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Debtor 1 Lisa M. Kusan Case number (i	if known) _16-22718
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Official Form B 6l Attachment for Additional Employment Information

Debtor		
Occupation	Pharmacy Technician	
Name of Employer	Giant Eagle	
How long employed	9.5 years	
Address of Employer	132 Ben Avon Heights Road	
	Pittsburgh, PA 15237	

Official Form 106l Schedule I: Your Income page 3

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	in the in in	dia a da ida dife				1		
	in this informa	ition to identify yo	our case:					
Deb	tor 1	Lisa M. Kusa	an				c if this is:	
Dah	tor O						An amended filing	
	tor 2 ouse, if filing)							ving postpetition chapter the following date:
Unite	ed States Bankı	ruptcy Court for the	: WESTE	ERN DISTRICT OF PENNS	SYLVANIA	<u> </u>	MM / DD / YYYY	
Casi	e number 16	6-22718						
	nown)	J-227 10						
		rm 106J						
		J: Your						12/15
info	rmation. If m		eded, atta	. If two married people ar ich another sheet to this n.				
Pari		ribe Your House	ehold					
1.	Is this a joir	nt case?						
	■ No. Go to □ Yes. Doe		in a separ	ate household?				
	□N	0						
	ΠY	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
3.	, ,	oenses include	han I	No				
		f people other t d your depende		Yes				
Dom	<u> </u>			h. F				
	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
-	licable date.		·				•	
				government assistance i				
	icial Form 10		a nave inc	cluded it on Schedule I: Y	our income		Your exp	enses
(,						
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4. \$		585.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
		•		ipkeep expenses		4c. \$		50.00
5.		owner's associat		dominium dues our residence , such as ho	me equity loops	4d. \$ 5. \$		0.00
٥.	Additional	igage payiii	cinca for ye	on residence, such as 110	no equity idans	υ. φ		0.00

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ebtor 1 Lisa M. Kusan	Case number (if known	16-22718
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	50.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	147.00
6d. Other. Specify: Cell Phone	6d. \$	77.00
Food and housekeeping supplies	7. \$	375.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	110.00
Personal care products and services	10. \$	90.00
Medical and dental expenses	11. \$	140.00
Transportation. Include gas, maintenance, bus or train fare.		140.00
Do not include car payments.	12. \$	160.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
Charitable contributions and religious donations	14. \$	40.00
Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	50.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	154.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	·	<u> </u>
Specify:	16. \$	0.00
Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	425.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report as		
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this form or on Sche		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: Pet care	21. +\$	80.00
Work Lunches	+\$	90.00
Security System	+\$	58.00
Coloulate your monthly expenses		
Calculate your monthly expenses	•	0.704.00
22a. Add lines 4 through 21.	\$	2,781.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	2,781.00
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,508.86
23b. Copy your monthly expenses from line 22c above.	23b\$	2,781.00
200. Copy your monthly expenses nom into 220 above.	200. Ψ	2,101.00
23c. Subtract your monthly expenses from your monthly income.		
The result is your <i>monthly net income</i> .	23c. \$	-272.14
 Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No. 		ncrease or decrease because of a
☐ Yes. Explain here:		